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CONFIRMATION NO. 1190

<b>SERIAL NUMBER</b> 10/621,229	<b>FILING OR 371(c) DATE</b> 07/15/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> 55979-314589 (0100)
<b>APPLICANTS</b> Juan Jose Legarda Ibanez, Madrid, SPAIN;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 09/09/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> SPAIN	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 16
				<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 23370				
<b>TITLE</b> Flumazenil for the treatment of alcohol dependency				
<b>FILING FEE RECEIVED</b> 1293	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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